

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16511

ED MAY 18 1943

318

Registration District No.

1003

Registrar's No.

4375

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Nell Virginia Revier

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glenn Revier 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased August 27 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 8 10 hr. min.

9. Birthplace Foster Falls Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Emmett Milton Davis
13. Birthplace Pipers Gap Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brown
15. Birthplace Wytheville Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Revier

(b) Address 4452a Lexington Ave.

17. (a) Burial (b) Date thereof 5/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (e) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 11 1943 (b) J. F. Bruck
(Date received local health officer's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4452a Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from April 30
_____, 1943 to May 7, 1943
that I last saw her alive on May 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent of
Carcinoma of Left Breast 8 yrs.
Due to _____

Due to _____
Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy not done
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bruck (M.D. or other)
Address 408 Humboldt Blvd. Date signed 5/8/43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Allen Davis Jr
Licensed Embalmer No..... *4053*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.